

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6414

FORM JC/OH
COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
00054142

2 PAGE #
1 of 5

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Hon. Stephen
NICKNAME LAST SUFFIX
Yelenosky

OFFICE USE ONLY

Date Received
Date Hand-delivered or Date Postmarked
RECEIVED
JAN 10 AM 11:17
CLERK
JAN 10 2006
OFFICE OF THE CLERK
ETHICS COMMISSION TEXAS

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
709 Bouldin
Austin, TX 78704-1609

Change of Address

Receipt # Amount

5 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Ms. Betty
NICKNAME LAST SUFFIX
Torres

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
11142 Pinehurst
Austin, TX 78747

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 292-0560

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year THROUGH Month Day Year
07/01/2006 12/31/2006

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
11/04/2004

11 OFFICE

OFFICE HELD (if any)
District Judge District 345

12 OFFICE SOUGHT (if known)

13 NOTICE OF
DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address/PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 COH NAME Yelenosky, Stephen (Hon.)	15 ACCOUNT # (Ethics Commission file#) 00054142
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16 NOTICE FROM POLITICAL COMMITTEE(S)

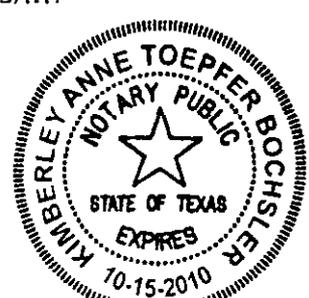
.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

<input type="checkbox"/> GENERAL	COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> SPECIFIC		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

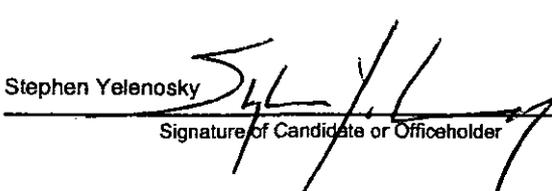
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	722.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	5,824.82
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

18 AFFIDAVIT



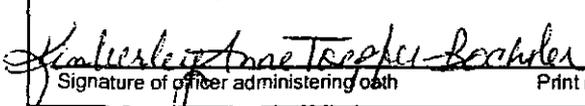
AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Stephen Yelenosky 

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Stephen Yelenosky, this the 8th day of January, 2007, to certify which, witness my hand and seal of office.

 Kimberley Anne Toepfer Bochsler Notary Public - Texas

Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/3 Report: 3/5

2 FILER NAME Yelenosky, Stephen (Hon.)

3 ACCOUNT # (Ethics Commission filers)
00054142

4 Date 11/19/2006	5 Payee name Austin Bar Association Foundation	7 Amount (\$) \$150.00
6 Payee address; City; State; Zip Code 816 Congress Ave., Ste. 700 Austin, TX 78701		
8 Purpose of payment (See instructions regarding type of information required.) annual contribution <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)		
11 Departure city / location	12 Departure date	13 Destination city / location
14 Arrival date		
15 Means of transportation		16 Purpose of travel
4 Date 08/24/2006	5 Payee name Austin Young Lawyers Association	7 Amount (\$) \$37.50
6 Payee address; City; State; Zip Code 816 Congress Ave., Ste. 700 Austin, TX 78701		
8 Purpose of payment (See instructions regarding type of information required.) ad <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)		
11 Departure city / location	12 Departure date	13 Destination city / location
14 Arrival date		
15 Means of transportation		16 Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/3 Report: 4/5**2** FILER NAME Yelenosky, Stephen (Hon.)**3** ACCOUNT # (Ethics Commission filers)
00054142

4 Date 09/07/2006	5 Payee name Hispanic Bar Assn Foundation 6 Payee address; City; State; Zip Code 816 Congress Ave., Ste. 700 Austin Austin, TX 78701	7 Amount (S) \$100.00
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8 Purpose of payment
(See instructions regarding type of information required.)
contribution**9** ** Complete if direct expenditure to benefit Candidate/Officeholder
Candidate / Officeholder name: Payment for travel outside Texas (complete boxes 10-16)Office sought:
Office held:**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

4 Date 07/02/2006	5 Payee name South Austin Democrats 6 Payee address; City; State; Zip Code c/o Travis Cty Democratic Party 1311-B East 6th Street Austin, TX 78702	7 Amount (S) \$60.00
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8 Purpose of payment
(See instructions regarding type of information required.)
contribution to party**9** ** Complete if direct expenditure to benefit Candidate/Officeholder
Candidate / Officeholder name: Payment for travel outside Texas (complete boxes 10-16)Office sought:
Office held:**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/3 Report: 5/5**2** FILER NAME Yelenosky, Stephen (Hon.)**3** ACCOUNT # (Ethics Commission filers)
00054142**4** Date

09/17/2006**5** Payee name
South Austin Democrats**7** Amount
(\$)

\$125.00**6** Payee address; City; State; Zip Code
c/o Travis Cty Democratic Party
1311-B East 6th Street
Austin, TX 78702**8** Purpose of payment
(See instructions regarding type of information required.)
contribution to party**9** ** Complete if direct expenditure to benefit Candidate/Officeholder
Candidate / Officeholder name: Payment for travel outside Texas (complete boxes 10-16)Office sought:
Office held:**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

12/04/2006**5** Payee name
State Bar of Texas Foundation**7** Amount
(\$)

\$250.00**6** Payee address; City; State; Zip Code
1414 Colorado Street
Austin, TX 78701**8** Purpose of payment
(See instructions regarding type of information required.)
annual contribution**9** ** Complete if direct expenditure to benefit Candidate/Officeholder
Candidate / Officeholder name: Payment for travel outside Texas (complete boxes 10-16)Office sought:
Office held:**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel